Pediatrics South

Mt. Lebanon
240 Mt. Lebanon Blvd.
Pittsburgh, PA 15234
412.561.7541

Peters
3055 Washington Rd.
Suite 102
McMurray, PA 15317
724.969.5025

RELEASE OF MEDICAL RECORDS TO PEDIATRICS SOUTH

I hereby authorize:

Doctor/Practice Name: _____
Address: _____
City, State, Zip: _____
Office Phone: _____Office Fax: _____

To release information from the medical records of:

Patient's Name: _____ Birthdate: _____

To the following name and address: **PEDIATRICS SOUTH**
240 MT. LEBANON BLVD.
PITTSBURGH, PA 15234
PHONE: 412.561.7541 FAX: 724.731.0261
724.731.0262

Information to be released:
_____ Immunization records only
_____Immunization records and last health review
_____All medical records
_____Other (please specify) _____

_____ _____
Signature of patient/legal guardian: **Date:**